## Best Available Copy

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PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998  Application or Docket Number													
CLAIMS AS FILED - PART I								SMA	LL	ENTITY	· · · · · ·	OTHER	THAN
(Column 1) (Column 2)							TYF			OR			
FO	R	NUM	BER FILED		NUMBER EXTRA			RAT	Ε	FEE	]	RATE	FEE
BA	SIC FEE		2							380.00	OR		760.00
то	TAL CLAIMS	13	minus	20=	*			X\$ 9	<b>)</b> =		OR	X\$18=	
IND	EPENDENT CL	AIMS 3	minu	s 3 =	* /			X39	=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130	)=		OR	+260=	/
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT	AL.		OR	TOTAL	Kυ
CLAIMS AS AMENDED - PART II											_	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMA	LL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQN	Total	• 56	Minus	**	20	=		X\$ 9	)=		OR	X\$18=	576
AME	Independent	* 10	Minus	**	<u> </u>	= 7		X39	_		OR	X78≤	588
	FIRST PRESE	NTATION OF	MULTIPLE D	PENI	DENT CLAIM			+130				+260=	
		•		ı			ı		TAL		OR	TOTAL	11 / 2/
								ADDIT. I			OR	ADDIT. FEE	1164
		(Column 1	)		Column 2) HIGHEST	(Column 3)	r			4551			(455)
NDMENT B	B	REMAINING AFTER AMENDMEN		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	'ADDI- TIONAL FEE
	Total	. 20	Minus	**	52	=	-	X\$ 9	=		OR	X\$18=	s er
AMENDA	Independent	* 10	Minus	##	$-\mu$	=		X39	=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	=		OR	+260=	
								TO LODIT. F			OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											•		
AMENDMENT C	$\mathcal{C}$	CLAIMS REMAINING AFTER AMENDMEN		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 53	Minus	***	52	=	ſ	X\$ 9	=		OR	X\$18=	13
ME	Independent	* ()	Minus	##		=	I	X39=			OR	X78=	86
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<del></del>	┪				30
١.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								=		OR	+260=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								AL EE		OR ,	TOTAL ODIT. FEE	pl.
	ii uie inignest Nur The "Highest Nur						r fou	nd in the	ann	rooriate box	in coli	umn 1.	